Name (fring) Name (fring) Office (if applicable)	
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	_
Mailing Address (include city and zip code) Télephone No.	_
E-Mail Address	
Select Appropriate Box(es) CANDIDATE PAC BAG POL PRTY IND EXP AMENDED ANNUAL FILING	
Annual Filing - Due January 15, 2004 Period: January 1, 2003 - December 31, 2003	
Report #1 — Due August 31, 2004 Incumbents in an Office with a 4-year term Incumbents in an Office with a 6-year term All others Ballot Advocacy Groups (BAGs) only: Period: Dec. 20, 1998 — Aug 26, 2004 Period: Dec. 5, 2002 – Aug 26, 2004 Period: Dec. 5, 2002 – Aug 26, 2004 SECRETARY OF S	T47
Report #2 Due — October 26, 2004 Period: Aug. 27, 2004 — Oct. 21, 2004 FOR OFFICE USE ONLY	
Report #3 Due — January 15, 2005*	
Period: Oct. 22, 2004 — Dec. 31, 2004 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004	
Annual Filing – Due January 15, 2005 Period: January 1, 2004 – December 31, 2004	
* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2	
Cumulative	
CONTRIBUTIONS SUMMARY From Beginning of Report Period	į
This Period #1 through End of This	** **
Reporting Period	
1. Total Monetary Contributions Received in Excess of \$100	<u>o</u> ,00
Total Monetary Contributions Received of \$100 or Less	_
This Period Cumulative From Beginning of Report Period #1 Through End of This Reporting	
3. Total Amount of Monetary Contributions	
Received	O
(Add Lines 1 and 2) 4. Total Value of In Kind Contributions Received in	.c., ~
Excess of \$100	
EXPENSES SUMMARY	
5. Total Monetary Expenses Paid in Excess of \$100	ر مان
6. Total Monetary Expenses Paid in Excess of \$100 6. Total Monetary Expenses Paid of \$100 or Less	<u> </u>
7. Total Amount of All Monetary Expenses Paid	<u> </u>
(Add Lines 5 and 6) 8. Total Value of In Kind Expenses in Excess	2 "
of \$100	
AFFIRMATION	
I Declare Under Penalty of Perjury That the Foregoing is True and Correct.	
i Deciale Chicel Fellaxy of Feljuly That the Foregoing is This and Collect.	
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Remblican.	Assembly Leaderskip (20CUS
Name (print)	Office (if applicable)	District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
See attached			
See ancerved			
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REPUBLICAN ASSEMBLY LEADERSHIP CAUCUS

Contributions In Excess of \$100

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Garn Mabey For Assembly	1404 Silver Oaks Street, Las Vegas, NV 89117	10/22/2004	\$ 4,000.00	
Committee To Elect Rex Wilhoite	3780 W. Torino Las Vegas, NV 89139	10/25/2004	\$ 3,000.00	
Bluth Properties	1395 Greg Street, Suite 102 Sparks, NV 89431	11/1/2004	\$ 5,000.00	
Douglas County Republican Central Committee	PO Box 2325 Minden, NV 89423	11/1/2004	\$ 1,250.00	<u> </u>
John Carpenter Campaign Fund	PO Box 190 Elko, NV 89803	11/2/2004	\$ 2,500.00	

Total Contributions in Excess of \$100

\$ 15,750.00

Republican	assembly Leadership	Concus
Name (print)	Office (if applicable)	

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	Ħ
** Goods and services provided in kind for which money would otherwise have been paid	l
Other miscellaneous expenses	7
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	К

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^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

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District (if applicable)

Republicar Name (brint)	assemble	Leader	ship	MICHT
Name (print)	→ Offic	e (if applicable)		

Expenses in Excess of \$100 Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
See attached			

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REPUBLICAN ASSEMBLY LEADERSHIP CAUCUS

Expenses In Excess of \$100

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Strategum Group	2420 Hickory Oak Blvd. Orlando, FL 32817	J	10/22/2004	34,236.84
	Total expense in excess of \$100			\$ 34,236.84

IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of in kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

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Republican	assanble	Ladeship Office (if applicable)	Caucest
Name (print)		Office (if applicable)	

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
None				
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Roublican	Assembly Leadership	Concer
Name (print)	Office (if applicable)	District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
r/a			
		W-70, 4 i	

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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